

IN _____

OUT _____

City of Ritzville
APPLICATION FOR UTILITY CHANGE
Water, Sewer, Garbage

Account # _____

Administrative Fee \$5.00

Residential _____ # people _____

Commercial _____

Industrial _____

Occupant Name _____

Phone Number _____

Address of Utility Change _____

Mailing Address (if different) _____

() Moving - new address _____

Water () on () off () reading _____ Date _____

Garbage toter () pick up () delivery _____ Date _____

Garbage dumpster: size _____ how long _____ Date _____

() per visit () per phone call or fax

() signature at time of turning service on/off () mail for signature () fax for signature _____

East 216 Main Ave, Ritzville, WA 99169 - (509) 659-1930 office (509) 659-0253 fax

If the City has to go to small claims court or to collection: To pay promptly any expenses to which the City may be put in the collection or attempted collection of all obligations due the City, including interest and penalty, thereon at the rate of twelve (12) percent per annum from the earliest date of such obligation, venue of any such action may be laid in Adams County, Washington, without regard to the residency of Owner and to pay such sum as the Court may adjudge reasonable as attorney's fees and costs in ay such action. The owner of the real property is responsible for this utility bill as per RCC 10.10. 020, available upon request.

If you are a renter please fill out the backside of this form and have the real property owner sign the front of this form.

_____ Date _____

initials of staff

_____ Date _____

Signature of Applicant

_____ Date _____

initials of staff

_____ Date _____

Signature of Landlord (if different from Applicant)

Owner's Name _____ Phone Number _____

Owner's Address _____

Name _____ Social Security No. _____

Employer _____ Work Phone Number _____

Occupation _____

Spouse Name _____ Social Security No. _____

Employer _____ Work Phone Number _____

Occupation _____

Deposit Amount _____ Receipt Number _____

Date of Receipt _____ Initials of Staff _____

Return of Deposit _____ Towards Account _____

Return of Deposit Amount _____ Check Number _____

Date of Check _____ Initials of Staff _____